DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR RECEIVED

Form (RF-3)

SUMMARY SHEET

NOV 1 5 2006

| Change in Company's premium | m or rate level produced | BPRINGFIELD, ILLINOIS |
|---------------------------------------------------------------------|---------------------------------------|-----------------------|
| revision effective 04/01/2 | .007 | (3) |
| (1) | (2) Annual Premium | Percent |
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| | | |
| 1. Automobile Liability | | |
| Private Passenger Commercial | | |
| 2. Automobile Physical Damage | · · · · · · · · · · · · · · · · · · · | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | \$202,195 | -3.4% |
| 14. Crop Hail 15. Other | | <u> </u> |
| Line of Insurance | | |
| Ooes filing only apply to certain If so, specify: Refer to ISO circ | | |
| | | |
| | | |
| Brief description of filing. (If | filing follows rates of | an advisory |
| organization, specify organization | i): ISO Filing # ML-2006 | -RLA1 |
| | | |
| | · | · |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| * Adjusted to reflect all prior r | | |
| ** Change in Company's premium lev | | |
| result from application of new | races. | |
| | | |
| | | |
| лА | merican Alternative Insur | ance Corporation |
| | Name of Compa | |
| | _ | |
| | | |
| | Stonbon I Combatt * | ian Dunnidost |
| | Stephen J. Corbett - V | |
| 129219D | Official - II | rtė. |
| | | |

SUMMARY SHEET

FORM (RF-3)

| (1) | (2) Annual Premium | (3) Percent |
|------------------------------------------|-----------------------------------|--------------------------|
| <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | · | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | £40 E40 EF0 | (71 |
| 13. Commercial Multi-Peril | \$42,512,573 | +7.1 |
| 14. Crop Hail | | |
| 15. Other | | |
| Does filing only apply to certain territ | ory (territories) or certain clas | sees? No |
| If so, specify: | ory (territories) or certain clas | 55E5: 14U |
| п во, вреспу. | | |

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Rate revision for our Businessow ners Policy (BOP) in Illinois resulting in an overall average change of +7.1%.

* Written Premium - Adjusted to reflect all prior rate changes (Use calendar year-end premium from Premium Accounting Summary of QOR)

**Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

NOV 13 2006

SPRINGFIELD. ILLINOIS

AMERICAN FAMILY MUTUAL INS. CO.

Name of Company Christa Adler Competitive Pricing Research Analyst Official – Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate

revision effective 02/01/2007

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

NOV - 6 2006

| Pesteringfield, Illinois |
|--------------------------|
| Percent |

| | (1) | (2) Annual Premium | Pe SPRINGFIELD, IL |
|-----|---------------------------------------------------------------|---------------------------|-------------------------------|
| | Coverage | Volume (Illinois) * | Chan ge (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | _ <u></u> | |
| | Surety | | |
| | Boiler and Machinery | | |
| | Fire | | |
| | Extended Coverage | | |
| 11. | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | \$410,207 | -3.4% |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| | s filing only apply to certain so, specify: | territory (territories)or | certain classes? |
| | ef description of filing. (If anization | | |
| | | | |

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

| | Citizens Insurance Company of America | |
|--------------|---------------------------------------|--|
| - | Name of Company | |
| | | |
| | | |
| | Michele L. Holm - Sr. Pricing Analyst | |
| _ | Official - Title | |

SUMMARY SHEET

| | Change in Company's previous of the control of the | remium or rate level produced by $1/2007$. | F |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------|
| | (1) | (2) Annual Premium Valuma (Illinois) * | OIVISION OF INSURA STATE OF ILLINOIS/IDF |
| | <u>Coverage</u> | Volume (Illinois) * | Change (+ or -) ** NOV - 6 2006 |
| 1. | Automobile Liability Private Passenger | | 1 |
| | Commercial | | SPRINGFIELD, ILLING |
| 2. | Automobile Physical Damag Private Passenger Commercial | e | |
| 3. | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| 6. | Fidelity | | |
| | Surety | | |
| 8. | Boiler and Machinery | | · · · · · · · · · · · · · · · · · · · |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | \$77,400 | -3.1% |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | • | |
| If s Bri€ | ef description of filing. | (If filing follows rates of an a | ndvisory |
| | | | |
| ** C | adjusted to reflect all pr Change in Company's premiu Sesult from application of | m level which will | |
| | | Citizens Insurance Company o | f Illinois |
| | | Name of Company | |
| | | name of company | |
| | | Michele L. Holm - Sr. Pric | ing Analyst |
| | | Official - Title | |
| H2921 | 9D | | |

INS00106

SUMMARY SHEET

RECEIVED

NOV 2 9 2006

DIVISION OF INSURANCE
SPRINGFIELD

| | Change in Company's premiu revision effective | m or rate level produced by rate July 1, 2007 | SPRINGFIELD |
|-------|--------------------------------------------------|--------------------------------------------------------------------|-----------------------|
| | | | (0) |
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passengér | | |
| _ | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | | |
| | Fire | | |
| | Extended Coverage Inland Marine | | |
| | Homeowners | | |
| . — . | Commercial Multi-Peril | \$465,656 | -8.4% |
| | Crop Hail | | -8.4% |
| | Other | | |
| | Line of Insurance | | |
| | | | |
| | s filing only apply to certain territory | (territories)or certain classes? | |
| f so | , specify: No | | |
| | | | |
| | | | |
| Brie | f description of filing. (If filing follow | s rates of an advisory | |
| orga | inization, specify organization): | <u> </u> | |
| We | are revising our loss cost multiplier | and adopting ISO loss costs (ISO File #CF | -2006-RLA1). |
| Our | File #CP IL0069302R02. | | |
| | | | |
| | | | |
| | | | |
| * | Adjusted to reflect all prior rate char | 2005 | |
| ** | Change in Company's premium leve | el which will | |
| | result from application of new rates. | | |
| | | | |
| | | CHMIC Incurance Conjets | |
| | - | CUMIS Insurance Society Name of Company | , mc. |
| | | Name of Company | |
| | | | |
| | | | |
| | | Leonard Daniels - Vice President, Credit Unior Official - Title | Protection Operations |
| | | Official - Title | |

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| (1) | (2) Annual Premium | (3) Percent |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| . Automobile Liability Private Passenger Commercial | | |
| . Automobile Physical Damage Private Passenger Commercial | | |
| . Liability Other Than Auto | | |
| . Burglary and Theft | | |
| . Glass | | |
| . Fidelity | | |
| . Surety | | |
| . Boiler and Machinery | | |
| . Fire | | |
| Extended Coverage | | |
| 1. Inland Marine | | |
| 2. Homeowners | | |
| 3. Commercial Multi-Peril | 1,921,055 | 0.0% |
| 4. Crop Hail | <u> </u> | |
| | | |
| • | | |
| 5. Other | | |
| 5. OtherLine of Insurance | territories) or certain classes? If so, specify: | No. |
| 5. Other Line of Insurance Poes filing only apply to certain territory | territories) or certain classes? If so, specify: rates of an advisory organization, specify orga | |
| Line of Insurance Does filing only apply to certain territory Brief description of filing. (If filing follows Adjusted to reflect all prior rate changes | rates of an advisory organization, specify orga | |
| Line of Insurance Coes filing only apply to certain territory rief description of filing. (If filing follows Adjusted to reflect all prior rate changes | rates of an advisory organization, specify orga | anization): Adding new rates |
| Line of Insurance Does filing only apply to certain territory Brief description of filing. (If filing follows Adjusted to reflect all prior rate changes | rates of an advisory organization, specify o | anization): Adding new rates |
| Line of Insurance Coes filing only apply to certain territory Crief description of filing. (If filing follows Adjusted to reflect all prior rate changes | rates of an advisory organization, specify o | Adding new rates Company ame of Company |



| Form (RF-3) | SUMMARY SHEET DI | VISION OF INSURANCE | | |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------|--|--|
| Change in Company's premiurevision effective 02/01/04/01/ | ım or rate level produ t | STATE OF ILLINOIS/IDEPR SCENO LATE OF ILLINOIS/IDEPR NOV 2 0 2006 | | |
| (1) | (2) Annual Premium | (3) | | |
| Coverage | Volume (Illinois) | RINGFIEDDAMGENOISOT) ** | | |
| 1. Automobile Liability Private Passenger Commercial | | | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | | | |
| 3. Liability Other Than Auto 4. Burglary and Theft | | | | |
| 5. Glass6. Fidelity7. Surety | | | | |
| Boiler and Machinery Fire | | - | | |
| 10. Extended Coverage 11. Inland Marine 12. Homeowners | | | | |
| 13. Commercial Multi-Peril 14. Crop Hail 15. Other | 2,455,044 | -9.7% | | |
| Line of Insurance | | | | |
| Does filing only apply to certain If so, specify: Filing applies t | territory (territories to all classes except s | s)or certain classes? chools | | |
| | | | | |
| Brief description of filing. (If organization, specify organization | filing follows rates on): With this filing | of an advisory we are revising our PMF's | | |
| (Package Modification Factors) in | all companies, for all | l classes except shools. | | |
| PMF's will be uniformly decreased | by 10.6% to achieve a | rate level effect of -10.0% | | |
| on our non-school book of busines | s. The effect for tota | al CPP, including schools, | | |
| is -9.5. School PMF's are not changing with this filing. | | | | |
| * Adjusted to reflect all prior ** Change in Company's premium le result from application of new | vel which will | | | |
| | Graphic Arts Mutual I Name of Co | | | |
| | George T. Dodd, Vice I Official - | | | |
| H29219D | Official - | IICIE | | |

SUMMARY SHEET

Change in Company's premium or rate level produced by rate

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

NOV - 6 2006

SPRINGFIELD, ILLINOIS

| revision effective 02/01/2 | 007 | |
|------------------------------------------------------------|---------------------------|-------------------------------|
| (1) | (2) Annual Premium | (3) Percent Change (+ or -)** |
| Coverage | Volume (Illinois) * | Change (+ or -) |
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | \$1,359,725 | -4.1% |
| l4. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |
| | | |
| Does filing only apply to certain If so, specify: | territory (territories)or | certain classes? |
| Brief description of filing. (If organization | | |
| | | |
| | | |
| | | |
| * Adjusted to reflect all prior r | rate changes. | |

| | | Name | of | Company | |
|-------|---------|---------|-----|---------------------|---|
| | | | | | |
| | Michele | L. Holm | _ | Sr. Pricing Analyst | |
| 0:168 | | Offic | ial | - Title | _ |

Hanover Insurance Company

^{**} Change in Company's premium level which will result from application of new rates.

RECEIVED

NOV 1 6 2006

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

| (| Change in Company's premium or rate | level produced by rate revision effective | 05/01/07 |
|---------|----------------------------------------------|------------------------------------------------|--------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| _ | Commercial | | |
| 2. | Automobile Physical Damage Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | 428,413 | 6.2% |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| | | | |
| Does fi | iling only apply to certain territory (te | rritories) or certain classes? If so, specify: | |
| No | | | |
| | | | |
| Brief d | escription of filing. (If filing follows | rates of an advisory organization, specify of | organization): |
| Delaye | d adoption of ISO Commercial Packa | ge Policy filing #ML-2006-KLA1 | |

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Harco National Insurance Company
Name of Company

Jim Breitbach - Compliance
Technical Specialist
Official - Title

H29219D

SUMMARY SHEET

| <u> </u> | DIVIS | SION O | F INS | SURANCE DIS/IDFPR | |
|----------|-------|--------|-------|----------------------|--|
| | ate | ИОЛ | - 6 | 2006 | |

Change in Company's premium or rate level produced by revision effective 02/01/2007

| revision effective $\frac{02}{01}$ | | | |
|------------------------------------------------------------------------------------------------------|---------------------------|---------------------|--|
| (1) | (2) Annual Premium | SPRINGFIELD, ILLING | |
| Coverage | Volume (Illinois)* | Change (+ or -) ** | |
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger | | | |
| Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass | | | |
| 6. Fidelity 7. Surety 8. Boiler and Machinery | | | |
| 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners | | | |
| 13. Commercial Multi-Peril 14. Crop Hail 15. Other | \$4,039,992 | -3.5% | |
| Line of Insurance | | | |
| Does filing only apply to certain If so, specify: | territory (territories)or | certain classes? | |
| Brief description of filing. (If organization | | | |
| | | | |

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

| | | Name | o£ | Company | | |
|-----|---------|-------|-----|-----------|------------|--|
| | | | | | | |
| | | | | | | |
| Mic | hele L. | Holm | _ | Sr. Prici | ng Analyst | |
| | | Offic | ial | - Title | | |

Massachusetts Bay Insurance Company

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/2007

| Coverage Volume (Illinois)* Change (+ or -)** 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 5. Glass 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 2.481,871 0.0% 14. Crop Hail 15. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adding new rates *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company | | (1) | (2) Annual Premium | (3) Percent |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------|-------------------------------------------------|---------------------------------------|
| Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adding new rates *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company | | Coverage | | · · · · · · · · · · · · · · · · · · · |
| 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adding new rates *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | 1. | | | |
| Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adding new rates *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company | ^ | | | |
| 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adding new rates *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Name of Company | ۷. | | | |
| 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filling. (If filling follows rates of an advisory organization, specify organization): Adding new rates *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | 3. | | | |
| 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adding new rates *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | | | | |
| 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adding new rates *Adjusted to reflect all prior rate changes. ***Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | 5. | | | |
| 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adding new rates *Adjusted to reflect all prior rate changes. ***Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | 6. | Fidelity | | |
| 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filling follows rates of an advisory organization, specify organization): Adding new rates *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | 7. | • | | |
| 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filling follows rates of an advisory organization, specify organization): Adding new rates *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | 8. | • • • • • • • • • • • • • • • • • • • | | |
| 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): *Adjusted to reflect all prior rate changes. ***Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | 9. | | | |
| 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adding new rates *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | 10. | Extended Coverage | | |
| 13. Commercial Multi-Peril 2,481,871 0.0% 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adding new rates *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | 11. | Inland Marine | | |
| 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): *Adding new rates *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | 12. | Homeowners | | • |
| Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adding new rates *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | 13. | Commercial Multi-Peril | 2,481,871 | 0.0% |
| Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adding new rates *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | 14. | Crop Hail | | |
| Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | 15. | Other | | |
| Brief description of filing. (If filing follows rates of an advisory organization, specify organization): *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | | Line of Insurance | | |
| Brief description of filing. (If filing follows rates of an advisory organization, specify organization): *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | | | | |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | Doe | es filing only apply to certain territory (t | erritories) or certain classes? If so, specify: | No. |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | | | | |
| **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company | Brie | ef description of filing. (If filing follows ra | ates of an advisory organization, specify orga | anization): Adding new rates |
| **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company | | | | |
| **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company | | | | |
| **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company | *Δd | justed to reflect all prior rate changes | | |
| Nationwide Agribusiness Insurance Company Name of Company Brad Liggett Vice President of Underwriting | | | ich will result from application of new rates. | |
| Name of Company Brad Liggett Vice President of Underwriting | | . , , | •• | |
| Name of Company Brad Liggett Vice President of Underwriting | | | Nationwide Agribusiness Insura | ance Company |
| | | | | |
| | | | D415 | No. do a contra con |
| | | | | Official – Title |

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

NOV - 9 2006

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate leve | el produced by rate revision effective | March 1, 2007 |
|----------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial | | |
| Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | · |
| 6. Fidelity | | |
| 7. Surety | | |
| Boiler and Machinery Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | _ | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | 1,592,501 | -20.7% |
| 14. Crop Hail | · · · · · · · · · · · · · · · · · · · | |
| 15. OtherLine of Insurance | | |
| Line of Insurance | | |
| Does filing only apply to certain territory (te | rritories) or certain classes? If so, specify: | No |
| Brief description of filing. (If filing follows rafiling CF-2006-RLA1. | ates of an advisory organization, specify o | · |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which | ch will result from application of new rates | |
| 3 , 3 , | ,, | |
| | | rs Insurance Company |
| | | Name of Company |
| | Valerie Br | ink, Compliance Analyst |
| | | Official - Title |

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

NOV 15 2006

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate I | evel produced by rate revision effective | 1-1-2007 |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private | • | |
| Passenger Commercial | | |
| Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | - | |
| Extended Coverage Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | \$908,011 | 0% |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |
| Does filing only apply to certain territory | (territories) or certain classes? If so, specify: | N/A |
| Brief description of filing. (If filing follow Commercial Properties rate and rule pro | s rates of an advisory organization, specify gram revision. | organization): We are adopting AAIS |
| *Adjusted to reflect all prior rate changes | S. | |
| "Change in Company's premium level v | which will result from application of new rates | • |
| | Pharmaciete | Mutual Insurance Company |
| | Filalillacists | Name of Company |
| | Thomas E. Cla | ude - Regional Vice President Official - Title |
| | | |

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDEPR
NOV - 8 2006
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate level | 1-1-2007 | |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private | | |
| Passenger Commercial | | |
| Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| | | |
| Boiler and Machinery | W | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | \$1,880,319 | 0% |
| 14. Crop Hail | | |
| 15. Other Line of Insurance | | |
| Does filing only apply to certain territory (terr | | |
| Brief description of filing. (If filing follows rat Businessowners rate and rule program revise | | - |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which | n will result from application of new rate | S. |
| | Pharmacists Pharmacists | Mutual Insurance Company Name of Company |
| | Thomas E. Cla | aude - Regional Vice President Official - Title |



| • • | | DIVISION OF WAR |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------|
| •_ • | | DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR |
| Form (RF-3) | SUMMARY SHEET | RECEIVED |
| 16/18/OU GITECCIVE | premium or rate level produced b 02/01/2007-New Business . 04/01/2007-Renewal Business | rate NOV 2 0 2006 |
| (1) | (2) Annual Premium | SPRINGFIELD, ILLINOIS |
| <u>Coverage</u> . | Volume (Illinois)* | Change (+ or -) ** |
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Dam Private Passenger Commercial 3. Liability Other Than Au 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurar | 695,134 | -9.4% |
| Does filing only apply to confirm the so, specify: Filing appropriate of the sound | ertain territory (territories)or plies to all classes except school | certain classes? ls |
| Brief description of filing organization, specify organ | . (If filing follows rates of an ization): With this filing we as | advisory re revising our PMF's |
| (Package Modification Facto | ors) in all companies, for all cla | asses except shools. |
| | reased by 10.6% to achieve a rate | |
| _ | | |
| on our non-school book of b | ousiness. The effect for total C | PP, including schools, |
| is -9.5. School PMF's are | not changing with this filing. | |
| * Adjusted to reflect all ** Change in Company's prem result from application | ium level which will | nce Company |
| | Name of Compan | |
| | _ | _ |

George T. Dodd, Vice President/Actuary
Official - Title

H29219D

| Form (RF-3) | SUMMARY SHEET | DIVISION OF INSURANCE |
|------------------------------------------|---------------------------------|---------------------------|
| Change in Company's premi | um or rate level produc | |
| revision effective 02/01 | /2007-New Business | |
| | /2007-Renewal Business | NOV 2 0 2006 |
| (1) | (2) | (3) |
| | Annual Premium | SPRINGFIED ("'') NIS. |
| Coverage | Volume (Illinois)* | SPhilipange (+ or -) |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | 1,254,942 | -9.3% |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |
| | | |
| Does filing only apply to certai | n territory (territorie: | s)or certain classes? |
| If so, specify: Filing applies | to all classes except s | chools and financial |
| institutions | | |
| | | |
| Brief description of filing. (I | f filing follows rates | of an advisory |
| organization, specify organizati | on): With this filing | we are revising our PMF's |
| (Package Modification Factors) i | n all companies, for al | l classes except shools |
| and financial instituutions. PM | F's will be uniformly d | ecreased by 10.6% to |
| achieve a rate level effect of - | 10.0% on our non-school | book of business. The |
| effect for total CPP, including | schools, is -9.5. Scho | ol PMF's are not changing |
| with this filing. | | |
| | | |
| * Adjusted to reflect all prior | rate changes. | |
| ** Change in Company's premium 1 | | |
| result from application of ne | | |
| | 775 i ma 26-16-12 7 | wanga Gampanii |
| | Utica Mutual Insu Name of Co | |
| | Name of Co | ombarry |
| | | |
| | George T. Dodd, Vice | |
| | Official - | Title |

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in company's premium or rate level produced | by rate revision effective | | 5/1/2007 | |
|--------------------------------------------------------------|----------------------------------------|-----------------------------------------|-------------------|--|
| (1) | (2) Annual Premium | | (3) Percent | |
| Coverage | Volume (Illinois)* | | Change (+ or -) | |
| 1. Automobile Liability Private | | | | |
| Passenger Commercial | | | | |
| 2. Automobile Physical Damage | | | | |
| Private Passenger Commercial | | | | |
| 3. Liability Other Than Auto | | | | |
| 4. Burglary and Theft | | | | |
| 5. Glass | | | | |
| 6. Fidelity | | | | |
| 7. surety | | | | |
| 8. Boiler and Machinery | | | | |
| 9. Fire | | | | |
| Extended Coverage Inland Marine | | | | |
| 11. Inland Marine 12. Homeowners | | | | |
| 13. Commercial Multi-Peril - Businessowners | \$775,057 Wes | stport | -7.7% | |
| 13. Commercial Muni-reni - Businessowners | #113,031 WC | stport | -1.170 | |
| | | | | |
| 14. Crop Hail | <u></u> | | | |
| 15. Other | | | | |
| Line of Insurance | ************************************** | | | |
| | | | | |
| Does filing only apply to certain territory (territories |) or certain classes? If so, s | pecify: | No | |
| | | | | |
| | | | | |
| Dict. id. CCP. (ICCP. C.H. auto-C | | :c | 41 X- | |
| Brief description of filing . (If filing follows rates of | | pecity organiza | tion): | |
| Filing to adopt ISO Businessowners Loss Costs | | | | |
| | | | | |
| *Adjusted to reflect all prior rate changes. | | | | |
| **Change in Company's premium level which w | ill result from application of | of new rates. | | |
| Change in Company 5 promisin to voi winon w | room nom approant | 110111111111111111111111111111111111111 | | |
| | | Westport Insur | ance Corporation, | |
| | . | | | |
| | 1 | | | |
| DIVISION OF INSURANCE DIVISION OF ILLINOIS/IDEPR | \ | Name o | f company | |
| DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR | | | | |
| DIVISIONOFILLING | 1 | | | |
| A SINE COMMON | | Linda Snook, | P&RS Specialist | |
| -0113 | | Offic | ial-Title | |
| NOV 3 0 2006 | <u> </u> | | | |
| \ in ILLINO! | | | | |
| SPRINGFIELD, ILLINOI | | | | |
| SPRIII | | | | |